



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E394130**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE # **15-00098**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCT **STREET LIGHT POLE**

TRIBAL RESERVATION

DATE OF COLLISION **01** - **10** - **2015** TIME (2400) **2227** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
79TH AVE SE BLOCK NO. ☒ **800**

DISTANCE **0** MILES **N** **E** **OF** (REFERENCE OR CROSS STREET) **0** FEET **S** **W**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **UNKNOWN** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. **MMDDYYYY**

ON DUTY ☐ STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE **PONT** MODEL **GRAND** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **CITY OF LAKE STEVENS** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS **1812 MAIN ST**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. **MMDDYYYY**

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **G. HEINEMANN #133** BADGE OR ID # **#0133** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E394130**

CASE # **15-00098**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MCINISH JAMES W													
ADDRESS & PHONE # 820 79TH AVE SE LAKE STEVENS WA 98258 4257910295												SEX M	D.O.B. MMDDYYYY 08	07	1962
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES						
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES						
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES						

NARRATIVE

On January 10th, 2015 at 820 79th Ave SE in the city of Lake Stevens, homeowner and witness James Mcinish called to report a collision to a near by light pole. James informed me that a red pontiac grandam fishtailed into his tree line, damaging a tree. When the vehicle left southbound on 79th Ave SE from 8th ST SE, it fishtailed again, this time shifting the rear right corner of the vehicle into a light pole. Owner of the light pole is the city of Lake Stevens. James was unable to acquire a license plate and there was minimal damage to the wooden pole. An area check for the vehicle was negative.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN #133

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-16-15 03:39 AM

DATED

PLACE SIGNED

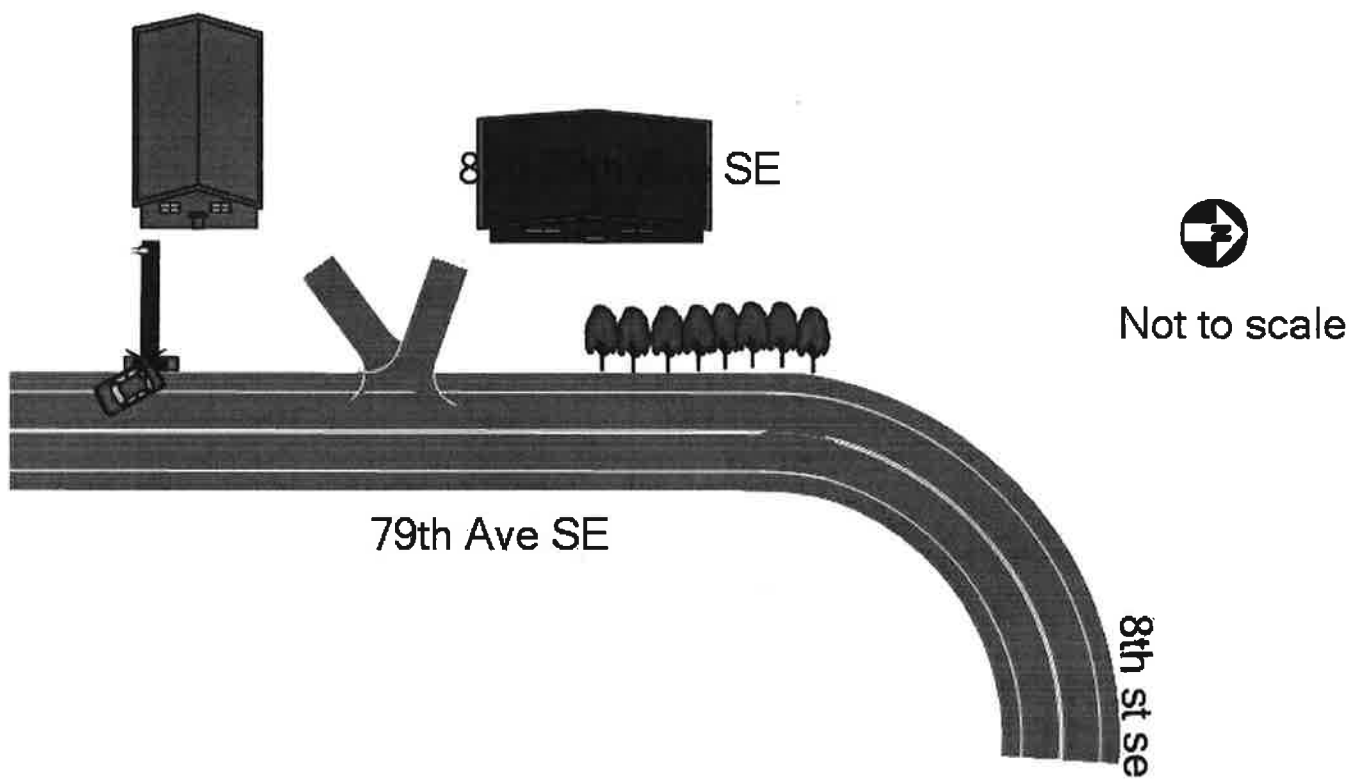
APPROVED BY

BOB SUMMERS 079

DATE

1/22/2015 5:46:56 AM

BADGE OR ID #	#0133	ORI #	WA0311900	TIME POLICE DISPATCHED	10:28 PM	TIME POLICE ARRIVED	10:40 PM
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STATE OF WASHINGTON UNIFORM INCIDENT REPORT

D A T A	AGENCY NAME LAKE STEVENS POLICE DEPT.		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER 15-00098	
	TYPE OF REPORT <input type="checkbox"/> PERSONS <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT		<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE	
	<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$		<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED			
	INCIDENT CLASSIFICATION Hit And Run					
P E R S O N S / B U S I N E S S E S	ADDRESS / LOCATION OF INCIDENT 800 Block Of 79th Ave SE		PREMISES TYPE / NAME Roadway		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	REPORTED ON MONTH 01 DAY 10 YEAR 15 TIME 2228 DOW Sat		OCCURRED ON OR FROM MONTH 01 DAY 10 YEAR 15 TIME 2228 DOW Sat		OCCURRED TO MONTH 01 DAY 10 YEAR 15 TIME 2257 DOW Sat	
	ADDL ON SUPP <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT.		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD	
	D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB	
S U S P E C T / S U B J E C T	NO. W-1 NON-DISC. <input type="checkbox"/>		NAME (LAST, FIRST, MIDDLE) Mcinish, James W		RACE W ETH M SEX M DOB 080762 HGT 603 WGT 320 HAIR BRN EYES BLU	
	STREET ADDRESS 820 79th Ave SE		CITY Lake Stevens		STATE WA ZIP CODE 98258 RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>	
	RESIDENCE PHONE 425-791-0295		BUSINESS PHONE		OCCUPATION	
	SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC	
V E H / T R L / B O A T	NO. B-1 NON-DISC. <input type="checkbox"/>		NAME (LAST, FIRST, MIDDLE) City of Lake Stevens		RACE W ETH M SEX M DOB 080762 HGT 603 WGT 320 HAIR BRN EYES BLU	
	STREET ADDRESS		CITY		STATE WA ZIP CODE 98258 RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>	
	RESIDENCE PHONE 425-334-1012		BUSINESS PHONE		OCCUPATION	
	SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC	
S I G N A T U R E	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES:		A - ARREST R - RUNAWAY S - SUSPECT M - MISSING I - INSTITUTIONAL (MENTAL / DETOX) X - OTHER	
	NO. W-1		NAME (LAST, FIRST, MIDDLE) Mcinish, James W		RACE W ETH M SEX M DOB 080762 AGE 603 HGT 320 WGT 320 HAIR BRN EYES BLU	
	ALIAS NAME(S)		IDENTIFIERS			
	STREET ADDRESS		CITY		STATE WA ZIP 98258 RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>	
S I G N A T U R E	EMPLOYMENT / OCCUPATION / SCHOOL		BUS. PHONE		SOCIAL SECURITY NUMBER	
	IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #	
	ARREST DATE		LOCATION OF ARREST		CHARGES 1. M <input type="checkbox"/> F <input type="checkbox"/> 2. M <input type="checkbox"/> F <input type="checkbox"/> 3. M <input type="checkbox"/> F <input type="checkbox"/>	
	AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
S I G N A T U R E	JUV. PARENT GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE / TIME NOTIFIED	
	VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE	
	NO. 1		LICENSE NUMBER		STATE	
	VIN / HULL NUMBER		YEAR		MAKE PONTIA	
S I G N A T U R E	COLOR RED		SPECIAL FEATURES / DESCRIPTION		VALUE/STOLEN \$	
	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input checked="" type="checkbox"/> DRIVEN AWAY		TOW COMPANY NAME / ADDRESS / PHONE		STATE TOW NO.	
	LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
	VICTIM CONSENT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INS. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		DRIVE-ABLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
S I G N A T U R E	SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 5 3 1		DAMAGE EST \$	
	8 6 4 2					
	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.					
	(1) I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE (2) REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E)					
S T A T U S	OFFICER NAME / NUMBER Heinemann/133		AREA S		OFFICER NAME / NUMBER	
	FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS	
	<input type="checkbox"/> MARYS <input type="checkbox"/> EVRGN		<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATE ENTERED	
					DATE	

15-00098

ORIGINAL

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run	INCIDENT NUMBER 15-00098
NAME OF VICTIM(S)		

Narrative:

On January 10th, 2015 I was dispatched to 820 79th Ave SE in the City of Lake Stevens for the report of a possible DUI.

I arrived and spoke with home owner/witness James Mcinish who informed me that a vehicle was driving westbound on 8th ST SE and lost control of the vehicle at the left turn on to 79th Ave SE. James said that the vehicle struck a tree on his property and proceeded southbound. The vehicle then lost control and fishtailed, striking a light pole. The damage to the pole was very minimal and James did not want to report the damage to the tree.

James was unable obtain a license plate for the vehicle but he did describe the vehicle as a red Pontiac Grandam, which left southbound on 79th Ave SE in the 800 block.

After obtaining James' verbal statement, I did an area check for the red Pontiac. I was unable to locate the suspect vehicle.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER Heinemann <i>133</i>	APPROVED BY <i>[Signature]</i>
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LSPD
ORIGINAL

Case # 15-00098

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <u>HEINEMAN 153</u>				Case Number <u>15-00098</u>			
Type of Crime: <u>Felony / Misdemeanor</u> (Circle)				Type of Case: <u>HIT & RUN</u>				Date/Time: <u>10-15-2028</u>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING								*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification			

Item # <u>1</u>	Item <u>PHOTOGRAPHS OF DAMAGE:</u>					Storage Location	Disposition				
	Brand/Model/Caliber (Further Description)										
	Serial #		Where Found		Weight of Narcotic						
Action # <u>3</u>											
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item					Storage Location	Disposition				
	Brand/Model/Caliber (Further Description)										
	Serial #		Where Found		Weight of Narcotic						
Action #											
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

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	Brand/Model/Caliber (Further Description)										
	Serial #		Where Found		Weight of Narcotic						
Action #											
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

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	Brand/Model/Caliber (Further Description)										
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Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item					Storage Location	Disposition				
	Brand/Model/Caliber (Further Description)										
	Serial #		Where Found		Weight of Narcotic						
Action #											
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

ORIGINAL

Entered	01/10/15	22:28:54	BY SPCT09	SP0388
Dispatched	01/10/15	22:29:16	BY SPDP17	SP0368
Enroute	01/10/15	22:29:16		
Onscene	01/10/15	22:40:34		
Closed	01/10/15	22:57:36		

Loc: 820 79 AV SE , LKS btwn DEAD END & 10 ST SE (V)

Phone: 4257910295

/2228	(SP0388)	ENTRY		, CC, 1 AGO, HIT AND RUN
/2229	(SP0368)	AGCADV		, BCST
/2229		DISPER	19N3	#SS133 HEINEMANN, OFFICER (GAVIN)
/2229		PISEEN		
/2229	(SP0388)	SUPP		TXT: FLEEING VEH RED 2DR 99-2001 PONTIAC GRANDAM
				, LSH SB ON 79, RT REAR CORNER PANEL,
/2230		SUPP		NAM: MCINISH, JIM,
				PHO: 4257910295,
				TXT: VS RPS FENCE AND TREE, TREE CURRENTLY BLKIN
				G RD
/2240	(SP0368)	ONSCNE	19N3	
/2252	(SS133)	*MISC	19N3	, DRIVER OF RED PONTIAC HIT RIGHT REAR QUARTER IN
				TO BUSH/FENCE OF PROPERTY. CONTINUED S/B AND GRA
				ZED LIGHTPOLE
/2252	(SP0368)	MISC	19N3	, 01/10/15 22:52:32 MESSAGE FROM: 19N3 \$PLEASE
/2252		ASNCAS	19N3	\$SS15000098
/2257		CLEAR	19N3	D/H
/2257		CLOSE	19N3	